

## Clear Form

**FILED**

MAR 03 2025

CLERK, U.S. DISTRICT COURT  
NORTH DISTRICT OF CALIFORNIA

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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

CV25-2211

CASE NO. Currently unassigned

**APPLICATION TO PROCEED  
IN FORMA PAUPERIS**  
**(Non-prisoner cases only)**

ALIVIA BLOUNT

Plaintiff,

12 | vs.  
13 | CONTRA COSTA COUNTY FAMILY  
LAW JUDGE GINA DASHMAN

Defendant.

16 I, ALIVIA BLOUNT, declare, under penalty of perjury that I am the plaintiff  
17 in the above entitled case and that the information I offer throughout this application is true and  
18 correct. I offer this application in support of my request to proceed without being required to  
19 prepay the full amount of fees, costs or give security. I state that because of my poverty I am  
20 unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

21 In support of this application, I provide the following information:

22 1. Are you presently employed?

Yes  No

23 If your answer is "yes," state both your gross and net salary or wages per month, and give the  
24 name and address of your employer:

25 Gross: 1600 Net: 1200

26 || Employer: edelweiss lodge and resort

28 If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 2. Have you received, within the past twelve (12) months, any money from any of the  
6 following sources:

7 a. Business, Profession or Yes \_\_\_\_\_ No

8 self employment?

9 b. Income from stocks, bonds, Yes \_\_\_\_\_ No

10 or royalties?

11 c. Rent payments? Yes \_\_\_\_\_ No

12 d. Pensions, annuities, or Yes \_\_\_\_\_ No

13 life insurance payments?

14 e. Federal or State welfare payments, Yes \_\_\_\_\_ No

15 Social Security or other govern-  
16 ment source?

17 If the answer is "yes" to any of the above, describe each source of money and state the amount  
18 received from each.

19 \_\_\_\_\_

20 \_\_\_\_\_

21 3. Are you married? Yes \_\_\_\_\_ No

22 Spouse's Full Name: \_\_\_\_\_

23 Spouse's Place of Employment: \_\_\_\_\_

24 Spouse's Monthly Salary, Wages or Income:

25 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

26 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

27 b. List the persons other than your spouse who are dependent upon you for support  
28 and indicate how much you contribute toward their support. (NOTE: For minor

1 children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

2 AGS - 10

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4 5. Do you own or are you buying a home? Yes  No

5 Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

6 6. Do you own an automobile? Yes  No

7 Make toyota Year 2022 Model corolla

8 Is it financed? Yes  No \_\_\_\_\_ If so, Total due: \$ 21000

9 Monthly Payment: \$ 672

10 7. Do you have a bank account? Yes  No  (Do not include account numbers.)

11 Name(s) and address(es) of bank: bank of america

12

13 Present balance(s): \$ 0

14 Do you own any cash? Yes  No  Amount: \$ \_\_\_\_\_

15 Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
16 market value.) Yes  No

17

18 8. What are your monthly expenses?

19 Rent: \$ 800 Utilities: 600

20 Food: \$ 400 Clothing: 100

21 Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Account
<u>perpay</u>	\$ <u>100</u>	\$ <u>500</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

26 9. Do you have any other debts? (List current obligations, indicating amounts and to whom  
27 they are payable. Do not include account numbers.)

28 child support - alameda county

1

2 10. Does the complaint which you are seeking to file raise claims that have been presented in  
3 other lawsuits? Yes  No \_\_\_\_\_

4 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
5 which they were filed.

6 MSF20-00623

7

8 I declare under the penalty of perjury that the foregoing is true and correct and understand that a  
9 false statement herein may result in the dismissal of my claims.

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2/20/25

12

DATE

SIGNATURE OF APPLICANT

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